Kevision: HCFA-PM-91-4

August 1991

(BPD)

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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Maine				٠.	٠,
	THE PROPERTY OF THE PROPERTY O	* 1 200	14	j.	9	۴

State:	Ma	i ne				
	ELIGIBILI	TY CONDITI	ONS AND REQUIREMENTS	UCCILIAL		
Citation		Condition or Requirement				
	A. Genera	al Conditi	ons of Eligibility			
	Each	individual	covered under the pla	an:		
42 CFR Part 435, Subpart G	:	standards	ally eligible (using a described in Parts B a ) to receive services.	and C of this		
42 CFR Part 435, Subpart F		Meets the applicable non-financial eligibility conditions.				
	i	a. For t	he categorically needy	<b>':</b>		
•		(;)	Except as specified to A.2.a.(ii) and (iii) AFDC-related individu non-financial eligibi of the AFDC program.	below, for wals, meets the		
		(11)	For SSI-related indivious non-financial criteria program or more restrictions of the state of th	ia of the SSI ictive		
1902(I) of the Act		(111)	For financially eliging women, infants or chiunder sections 1902(a 1902(a)(10)(A)(i)(VI) 1902(a)(10)(A)(ii)(I) meets the non-financial section 1902(I) of the	Idren covered a)(10)(A)(i)(IV), ), and () of the Act, al criteria of		
1902(m) of the Act		(iv)	For financially eligidisabled individuals section 1902(a)(10)(Act, meets the non-finof section 1902(m) of	covered under ()(ii)(X) of the Inancial criteria		

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Maine State:

Citation

## Condition or Requirement

- b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
- 1905(p) of the Act
- c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act. meets the non-financial criteria of section 1905(p) of the Act.
- 1905(s) of the Act
- d. For financially eligible qualified disabled and working individuals covered under section 1903(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).

- ≠2 CFR -35.402
- 3. Is residing in the United States and -
  - a. Is a citizen:
- Eac. 245A of the Immigration and Nationality Act
- k. Is an alien lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law, as defined in 40 CFR 435.408;
- 1902(a) and 1903(v) of the Act and 145A(h)(3)(B) of the Immigration Nationality Act
- c. Is an alien granted lawful temporary resident status under section 245A and 210A of the Immigration and Nationality Act if the individual is aged, blind, or disabled as defined in section 1614(a)(1) of the Act, under 18 years of age or a Cuban/Haitian entrant as defined in section 501(e)(1) and (2)(A) of P.L. 96-422:

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	State:		Maine		
Citation			Con	ndition or Requirement	
		d.	under section 21 Act not within to be restricted to	nted lawful temporary resident sta 10 of the Immigration and National the scope of c. above (coverage mu o certain emergency services durin eriod beginning on the date the al o status); or	ity st
		e.	permanent reside in the United St	is not lawfully admitted for ence or otherwise permanently resi tates under color of law (coverage ted to certain emergency services)	
-2 CFR 435. 1902(b) of		or	not the individu	ne State. regardless of whether wal maintains the residence attains it at a fixed address.	
			State has inters the following St	tate residency agreement with ates:	
	<u> </u>	<u>-</u>	State has open a	greement(s).	
		/	Not applicable:	no residency requirement.	

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Citation	Condition or Requirement
435.1008	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities, intermediate care facilities for the mentally retarded, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
+1 CFR 435.1008 1305(a) of the	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.
	Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
.a.145 -35.604 1912 of the	6. Is required, as a condition of eligibility, to assign rights to medical support and to payments for medical care from any third party, to ecoperate in obtaining such support and payments, and to cooperate in identifying and providing information to assist in pursuing any liable third party. The assignment of rights obtained from an applicant or recipient is effective only for services that are reimbursed by Medicaid. The requirements of 42 CFR 433.146 through 433.148 are met.
	$\frac{\sqrt{X}}{\sqrt{X}}$ Assignment of rights is automatic because of State law.
-1 CFR 435.910	7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number), except for aliens seeking medical assistance for the treatment of an emergency medical condition under section 1903(v)(2) of the Act [section 1137(f)].

No. <u>9/-/4</u>	Ammanal	Date MAR or 1992	Effective Date	OCT 0 1 1991
7 No.	111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			

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State:		Maine
Citation		Condition or Requirement
1902(c)(2)	8.	Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the Individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and I902(a)(10)(A)(ii)(IX) of the Act.
1902(e)(10)(A) and (B) of the Act	9.	Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

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October 1991

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State/Territory:	Maine	

Citation

Condition or Requirement

1906 of the Act 10. Is required to apply for enrollment in an employerbased cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).



$\overline{\text{TN No.}}  \underline{93-12}$ Supersedes	Approval	Date	FEB	1	8 19 <b>93</b>	Effectiv	e Dat	<sub>e</sub> OCT	1	19 <b>92</b>
TN No.						HCFA ID:	798	5E		

Revision:

HCFA-PM-97-2

December 1997



State:	Maine					
Citation	Condition or Requirement					
B. Posteligibility Treatmen	t of Ins	stitutionalized Individuals' Incomes				
1.	The proce	following items are not considered in the posteligibility ess:				
1902(o) of the Act	a.	SSI and SSP benefits paid under §1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.				
Bondi v Sullivan (SSI)	b.	Austrian Reparation Payments (pension (reparation) payments made under §500 - 506 of Austrian General Social Insurance Act.) Applies only if State follows SSI program rules with respect to the payments.				
1902(r)(1) of the Act	C.	German Reparations Payments (reparation payments made by the Federal Republic of Germany).				
105/206 of P.L. 100-383	d.	Japanese and Aleutian Restitution Payments.				
1.(a) of P.L. 103-286	e.	Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).				
10405 of P.L. 101-239	f.	Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.)				
6(h)(2) of P.L. 101-426	g.	Radiation Exposure Compensation.				
12005 of P.L. 103-66	h.	VA pensions limited to \$90 per month under 38 U.S.C. 5503.				

TN No. 98-003		· ·		
Supersedes	Approval Date:	5/7/99	Effective Date:	1/1/98
TN No		•		

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State:	Maine	
Citation	Condition or Requirement	

1924 of the Act 435.725 435.733 435.832



2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.

Aged, blind, disabled: Individuals \$40.00 Couples \$80.00

For fthe following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

AFDC related: Children \$40.00 Adults \$40.00

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

Individual under age 21 covered in the plan as C. specified in Item B.7. of Attachment 2.2-A. \$40.00.

TN No. 98-003		, ,		
Supersedes	Approval Date:	<u>5/7/99</u>	Effective Date:	1/1/98
TN No		•		

Revision:

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Page 4b OMB NO.: 0938-0673



State:	Maine
Citation	Condition or Requirement
	For the following persons with greater need:  Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the
1924 of the Act	organizational unit which determines that a criterion is met.  3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an
-	<ul> <li>a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924(d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.</li> </ul>
	X The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.
	The poverty level component is calculated using a percentage greater than the applicable percentage, equal to
	%, of the official poverty level (still subject to maximum maintenance needs standard).
	X The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).
	Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.
TN No. 98-003 Supersedes TN No	Approval Date: 5/7/99 Effective Date: 1/1/98

Supersedes TN No.\_\_\_\_

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Citation		Condition or Requirement
		letermining any excess shelter allowance, utility expenses calculated using:
OFFICIAL	X	the standard utility allowance under §5(e) of the Food Stanp Act of 1977; or
		the actual unreimbursable amount of the community souse's utility expenses less any portion of such amount included in condominium or cooperative charges.
	b. The	e monthly income allowance for other dependent nily members living with the community spouse is:
•	<u>X</u> _	one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924(d)(3)(B)) exceeds the dependent family member's monthly income.
		_a greater amount calculated as follows:
	by	e following definition is used in lieu of the definition provide the Secretary to determine the dependency of family embers under §1924(d)(1):
	inc	nounts for health care expenses described below that are curred by and for the institutionalized individual and are not bject to payments by a thir party:
	(i)	Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.
	(ii)	Necessary medical or remidial care recognized under State law but not covered under the State plan. (Reasonable limits on the amounts are described in Supplement 3 to <a href="https://example.com/Attachment 2.6-A.">Attachment 2.6-A.</a> )

Approval Date:  $\frac{5/9/99}{1}$ 

Effective Date: 1/1/98